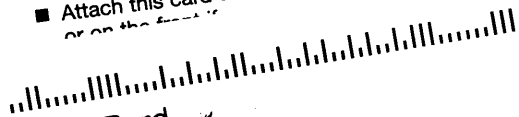


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front.



K. L. Byrd
0 N. Ripley Street
Montgomery, AL 36104-2722

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Shirley Beal*☐ Agent☐ Addressee

C. Date of Delivery

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

0004

Domestic Return Receipt

7005 1820 0002 3461 6371

102595-02-M-1540

*9/26 Order + aml to conf.**CCU 828
9/26 and to
order cnp*